



CITY OF LA HABRA

P. O. Box 785, La Habra, CA 90633-0785 (562) 905-9629

BUSINESS LICENSE APPLICATION

Please Check One

- ☐ New Application
- ☐ Change of Owner
- ☐ Change of Address
- ☐ Change of Business Name
- ☐ HOME OCCUPATION

Please correct or complete ALL items on the front and back of application.

Business Name _____

Corporate Name
(if applicable) _____

Business Location _____

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.6)

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____

Fax No. _____

Description of Business _____

Ownership

- ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Trust

OFFICIAL USE ONLY

Business License No. _____

City Classification _____

S.I.C. Number _____

Bus. Start Date _____

Resale No. _____

Federal ID No. _____

State ID No. _____

State Lic. No. _____

State Lic. Type _____

Expire Date _____

Email Address _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____

Title _____

Date of Birth _____

Home Address _____

(Cannot be P.O. Box)

Driver Lic. No. _____

Home Phone No. _____

Cell / Pager No. _____

2nd Owner Name _____

Title _____

Date of Birth _____

Home Address _____

(Cannot be P.O. Box)

Driver Lic. No. _____

Home Phone No. _____

Cell / Pager No. _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____

Phone No. _____

Address _____

Cell/Pager No. _____

Property Owners Information (attach additional sheet, if necessary)

Name _____

Phone No. _____

Address _____

PREVIOUS YEAR INFORMATION - CONFIDENTIAL

Gross Receipts

Sales Tax Paid

Gross Annual Payroll

Square Footage of Business

Number of Employees

Full-Time

Part-Time

Do you anticipate using any sub-contractors ☐ Yes ☐ No

Do you use or process any hazardous materials which may be reportable under the provisions of the City's Hazardous Materials Disclosure Ordinance? ☐ Yes ☐ No

If yes, see section on reverse side.

BUSINESS TAX FEE

Base Fee

Est. Gross Receipts Tax

Vehicle Tag

Insp. Fee

(One Time Only)

Partner or Professional

\$35.00 each

Each Other Employee

\$5.00 each

Each Apt. Unit Over 3

\$6.50 each

Fire Dept. Insp. Fee

Name and/or

Address Change

Coin Operated

Vending Machines

Penalty

Processing Fee

State CASp Fee

\$ 1.00

TOTAL DUE \$

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

I declare under penalties of perjury that this application and any attachments thereto, have been examined by me, and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

Signature of Owner or Representative: _____

Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF LA HABRA.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Name of Business: _____

Business Address: _____

NPDES PERMIT REQUIREMENTS:

- * **WDID NO.:** _____
- * Do you have an approved Storm Water Pollution Plan on-site? Yes ☐ No ☐
- * Do you have a Spill Prevention Program in place? Yes ☐ No ☐
- * Assessors Parcel No. (APN) _____



BUSINESS ACTIVITY INFORMATION:

Hours of Operation: _____

If business has a separate **STORAGE OR CORPORATION YARD**, indicate the location: _____

Do you have any other City Permits? (i.e. CUP, ZV, etc.) Yes ☐ No ☐

LOT SIZE:

- * Single Business Lot: Enter total square feet of lot: _____
- * Multi-Tenant Lot: Enter total square feet of business: _____

Is Company Headquartered in La Habra? Yes ☐ No ☐ If no, where is the headquarter? _____

CEO/CCO Name: _____ Title _____

Phone No.: () _____ Email Address: _____

PUBLIC SAFETY BUSINESS LICENSE INFORMATION (additional permits may be required)

Alarm System? Burglar Alarm System: Yes ☐ No ☐ Fire Alarm System: Yes ☐ No ☐

Burglar Alarm Company Name: _____ Phone No.: () _____

Address: _____ License No.: _____

Installation Date: _____

Fire Alarm Company Name: _____ Phone No.: () _____

Address: _____ License No.: _____

Installation Date: _____

Please list any **HAZARDOUS MATERIALS** used, stored, or transported? _____

Will your business have **PUBLIC ASSEMBLY** over 50 people? Yes ☐ No ☐ (Fire Inspection Permit Required)
(Restaurant, bar, theatre, bowling, etc.)

Is the business involved in any way with **FIREARMS** or **EXPLOSIVES**? Yes ☐ No ☐

Does the business dispense or sell **ALCOHOLIC BEVERAGES**? Yes ☐ No ☐

HOME OCCUPATION

La Habra Home Business Yes ☐ No ☐ If yes, complete the following questions:

1. Home Occupation Permit Control No. _____
2. Home Occupation Permit Approved Date: _____

NOTE: When you have filled out this form, signed it, and paid the correct tax, you will be given a receipt. The receipt is not a business license. Payment of a business license tax and issuance of a Business License do not entitle you to conduct any illegal business or operations, or violate any applicable federal, state or local laws or regulations.

As the owner or operator you must comply with all applicable zoning and public safety regulations and obtain all required permits.

Issuance of a business license does not authorize remodeling or tenant improvement without first obtaining plan review, building permits or inspections by the Building and Safety Division. For details on these or related construction issues, please contact the Building and Safety Division at (562) 905-9710.